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PATENT APPLICATION
DOCKET NO. 1855.1004-002
Expedited Procedure under 37 C.F.R. 1.116
Examining Group 1644

ZFW
AF
1644

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael J. Briskin,

Application No.: 08/875,849 Group: 1644

Filed: September 8, 1997 Examiner: R. Schwadron, Ph.D.

Confirmation No.: 4411

For: MUCOSAL VASCULAR ADDRESSINS AND USES THEREOF

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

March 9, 2005

Date

Signature

Jeanine Busby

Typed or printed name of person signing certificate

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Notice of Appeal and an Amendment After Final Rejection for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

03/14/2005 HAL111 00000029 08875849

01 FC:1401
02 FC:1253

500.00 DP
1020.00 DP

OTHER THAN
SMALL ENTITY

(COL. 1) (COL. 2) (COL. 3)

SMALL ENTITY

OR

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	60	MINUS	* 63	0
INDEP	11	MINUS	** 11	0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

RATE	ADDIT. FEE
X \$ 25	\$
X \$100	\$
+ \$180	\$

RATE	ADDIT. FEE
X \$50	\$ 0
X \$200	\$ 0
+ \$360	\$ 0

* not fewer than 20
** not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees: _____	\$ _____ \$ _____
		TOTAL: \$ <u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three month Extension of Time	\$ <u>1,020</u>
<input type="checkbox"/>	Amendment Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees: _____	\$ _____ \$ _____
	Notice of Appeal _____	\$ <u>500</u> \$ _____
		TOTAL: \$ <u>1520</u>

- A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Dated: March 9, 2005